# Please complete and return by September 4, 2023, to:

# AgeLinc Caregiver Conference, 2731 S. MacArthur Blvd., Springfield, IL. 62704.

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | M.I: | Last Name: | |
| Address: | | City: | Zip: |
| Phone: | | Email: | |

*Please check one selection from both the Main Entrée and Dessert options below*

*Main Entrée*

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| --- |
| Pesto Cream Chicken Penne (penne pasta, broccoli, roasted red pepper, grilled chicken in a pesto cream sauce) |
| Quinoa (Quinoa, spinach, sundried tomato, zucchini & squash noodles, red pepper coulis)Vegan/Vegetarian |

*Dessert*

|  |  |
| --- | --- |
| Strawberry Shortcake | Vegan/Vegetarian Option (TBD) |

|  |  |
| --- | --- |
| Would you like a certificate of attendance? Y N | Do you need respite care provided: Y N |
| If you need respite, who is this for: | |
| **If you need respite and have not been contacted by our office by August 15, 2023, please call 217-787-9234** | |

**The following information is required:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: | | County/Township: | |
| US Citizen: Yes No | | Gender: Male Female | |
| Marital Status: Single Married Widowed | | Currently Caregiver For: Senior Children | |
| Age of Client(s): | | | |
| Are you related to your client? Yes No | | How many clients are you currently serving? | |
| How long have you been a caregiver? | | | |
| If you work for an agency, who do you work for? | | | |
| How far did you travel to today’s event? 0-10 miles 10-50 miles 50+ miles | | | |
| How did you hear about the Caregiver Conference? | | | |
| What is your greatest concern about the future for yourself and/or for your care receiver? | | | |
| What type of information do you need (please circle all that apply) | | | |
| Adoption/Guardianship | Assisted Living Facilities | Caregiver Support Group Info | Case Management |
| Child Care | Clothing/School Supplies | Community Care Programs | Congregate Meals |
| Educational Opportunities | Energy Assistance | Financial Assist/TANF Child Only | Food Stamps (SNAP) |
| Grandparent Support Group Info | Health Insurance/Kid Care | Home Delivered Meals | Home Health |
| Hospice | Legal Assistance | Mental Health Counseling | Pharmaceutical Assistance |
| Respite | Senior Employment | Senior or Disabled Services | Substance Abuse |
| Transportation | Other (specify): | | |

**Please include the registration fee of $20.00 with this registration form and mail AgeLinc 2731 S. MacArthur Blvd. Springfield, IL 62704**

**This fee will be refunded to attendees at the conference.**